

SERIOUS INJURY



State of Connecticut

Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

State Police Troop: HCase Number: DPS-05061963

Notations:

Traffic:

Weather:

Lane 4 of 4

Direction of Travel:

N S E W

Investigating Trooper: URGQ # 793Date: 12-16-05 Time: 0705No. & Type of Veh's Involved: 2 CAR PEDESTRIAN

Related Information:

(Passenger Car, Truck, Bus, Etc.)

(Pedestrian, Pole, Bridge Abutment, Etc.)

Town / City: WINDSOR LOCKSLocation of Accident: RT 20 W/B RT 75 OFFRAMP

Utility Pole Name & Number (If Applicable):

Other (Specify):

Oper #1: LYN, DURANT ROper #2: LINN, WILLIAM (PEDESTRIAN)DOB: 04-27-77 Gender: ☒ M ☐ FDOB: 02-01-42 Gender: ☒ M ☐ FAddress: 12 PERSHING STAddress: 225 HIGHPATH RDTown: HARTFORD State: CT Zip: 06112Town: WINDSOR State: CT Zip: 06095Oper. Lic. # 048153894 Type: SAME State: CTOper. Lic. # 144163787 Type: SAME State: CTOwner #1: SAMEOwner #2: SAMEAddress: SAMEAddress: SAMERegistration Plate: 845TTZ State: CTRegistration Plate: WILL22 State: CTMake: VW Model: GOLF Year: 00Make: HONDA Model: ACCORD Year: 1992VIN: 9BWGC21J9Y4027331VIN: 1HGCB7656NA029167Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☒ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/AInsurance Company: NATIONWIDE INSInsurance Company: TRAVELERSInsurance Policy #: 51D983417Insurance Policy #: 007184336Injuries: NONEInjuries: SERIOUSVehicle Damage: LEFT SIDE AND FRONT ENDVehicle Damage: RIGHT SIDEVehicle Towed: ☐ No ☒ Yes, CHUCKSVehicle Towed: ☐ No ☒ Yes, CHUCKS

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #3:

Oper #4:

DOB: Gender: ☐ M ☐ FDOB: Gender: ☐ M ☐ F

Address:

Address:

Town: State: Zip:

Town: State: Zip:

Oper. Lic. # Type: State:

Oper. Lic. # Type: State:

Owner #3:

Owner #4:

Address:

Address:

Registration Plate: State:

Registration Plate: State:

Make: Model: Year:

Make: Model: Year:

VIN:

VIN:

Seatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company:

Insurance Company:

Insurance Policy #:

Insurance Policy #:

Injuries:

Injuries:

Vehicle Damage:

Vehicle Damage:

Vehicle Towed: ☐ No ☐ Yes,Vehicle Towed: ☐ No ☐ Yes,

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Brief Description of Accident

VEH #1 TRAVELING ON RT 20 W/B RT 75 EXIT

VEH #2 STOPPED OFF LEFT SHOULDER ON RT 75 OFF RAMP

OP #1 LOST CONTROL AND STUCK OP #2, A PEDESTRIAN, OFF THE LEFT SHOULDER

OP #2 TRANSPORTED TO HARTFORD HOSPITAL WITH SERIOUS INJURIES

ACCDIDENT REMAINS UNDER INVESTIGATION

This investigation is: ☐ Open / Continuing ☐ Closed**MEDICAL ATTENTION:**#1 Ambulance ☒ Yes, Company AETNA ☐ NoPatient Name: OP #2Hospital HARTFORD HOSPITALInjuries SERIOUS LIFE THREATENING#2 Ambulance ☐ Yes, Company ☐ NoPatient Name: Hospital Injuries #3 Ambulance ☐ Yes, Company ☐ NoPatient Name: Hospital Injuries #4 Ambulance ☐ Yes, Company ☐ NoPatient Name: Hospital Injuries **FATALITIES: Do Not Release Unless Next of Kin Notified**Name Op #2 - LINN, WilliamNext of Kin Notified? ☒ Yes ☐ NoName Next of Kin Notified? ☐ Yes ☐ NoName Next of Kin Notified? ☐ Yes ☐ NoName Next of Kin Notified? ☐ Yes ☐ No**ENFORCEMENT ACTION:**Arrested Warned Arrested Warned Supervisor's Approval Required: Signature  # 1155 Date 12/16/05